

Flow Cytometry Unit
Research Resources Branch /Central Laboratory Services Section
Gerontology Research Center/NIA/NIH

REQUEST FOR ARCHIVED FLOW CYTOMETRY DATA

Name: _____ Lab: _____
Phone: _____ Room: _____ Request Date: _____

Date of experiment: _____

Please provide experiment description

Please provide file names or hard copies of experimental results

_____	_____
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☐ Hard copy or ☐ Electronic transfer
to e-mail address: _____
to server location: _____